

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90438 022 \*\*\*158.75

DOCUMENT # **P98000052515**

1. Entity Name:

**Five Star Roofing Service, Inc.**

**671329**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1496 Winston Lane**

Suite, Apt. #, etc.

3. Mailing Address

**1496 Winston Lane**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Orange Park, FL**

City & State

**Orange Park, FL**

4. FEI Number

**59-3515081**

Applied For

Not Applicable

Zip

Country

**32003**

**USA**

Zip

Country

**32003**

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional**

Fee Required

7. Name and Address of Current Registered Agent

Name

**H. Sean Santiago-Ramos**

Street Address (P.O. Box Number is Not Acceptable)

**1496 Winston Lane**

City

**Orange Park**

**FL**

Zip Code

**32003**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**H. Sean Santiago-Ramos**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/02**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be**

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

**President**

NAME

**H. Sean Santiago-Ramos**

STREET ADDRESS

**1496 Winston Lane**

CITY - ST - ZIP

**Orange Park, FL 32003**

TITLE

**V. Pres / Sec**

NAME

**James Miller**

STREET ADDRESS

**7562 Habersham Circle N. #3**

CITY - ST - ZIP

**Jacksonville, FL 32216**

TITLE

**V. Pres / Treas.**

NAME

**David Miller**

STREET ADDRESS

**5163 Lantice Ct.**

CITY - ST - ZIP

**Jacksonville, FL 32210**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**H. Sean Santiago-Ramos**

Signature and typed or printed name of signing officer or director

**4/30/02**

Date

**904-278-5848**

Daytime Phone #

CR2E034B (12/01)